

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # S61152 (2)
1. Corporation Name
TRI-ANGLE MAINTENANCE SERVICE OF TENNESSEE, INC.



Principal Place of Business
12031 31ST COURT NORTH
ST. PETERSBURG FL 33716

Mailing Address
12031 31ST COURT NORTH
ST. PETERSBURG FL 33716

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 12031 31ST COURT		26 ST. PETERSBURG		06/18/1991		04/19/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FCI Number		Applied For	
22 NORTON		27		59-2946283		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 ST. PETERSBURG, FL		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24 33716		25 PINELANDS		29		30	

9. Name and Address of Current Registered Agent

TRICE, CLARENCE W.
12031 31ST COURT NORTH
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(If not Registered Agent Signature required when resigning)

DATE

CLARENCE W. TRICE 1/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	Director
NAME	TRICE, CLARENCE W.	2. NAME	Mark Widlowski
STREET ADDRESS	12031 31ST COURT NORTH	3. STREET ADDRESS	1732 Indian Rocks Rd.
CITY-ST-ZIP	ST. PETERSBURG FL	4. CITY-ST-ZIP	Belleair, FL 34635
TITLE	D	2. TITLE	Director
NAME	TRICE, JEAN	3. NAME	Carla C. Smeltz
STREET ADDRESS	12031 31ST COURT NORTH	4. STREET ADDRESS	2275 Kent Dr.
CITY-ST-ZIP	ST. PETERSBURG FL	5. CITY-ST-ZIP	Largo, FL 34644
TITLE		3. TITLE	
NAME		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	
TITLE		4. TITLE	
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		7. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY-ST-ZIP		9. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARENCE W. TRICE 1/19/96

813-573
9579

Daytime Phone

CR2E034 (12/95)